



## Take Care New York: A Focused Health Policy

Thomas R. Frieden

The need for public health action to protect and promote health has changed. The leading causes of illness and death have shifted from acute, communicable diseases to chronic, generally noncommunicable diseases. Health departments not only must continue to address traditional and emerging communicable diseases along with the added threat of terrorist attacks, but also must take a more active role in preventing and mitigating the problems that cause the most illness and death today.

The New York City Department of Health and Mental Hygiene recently released a health policy, *Take Care New York*,<sup>1</sup> to set priorities and focus on the leading preventable causes of illness and death. The policy identifies 10 key priority areas for action that meet all the following criteria: They present a large disease burden, killing thousands of New Yorkers and causing hundreds of thousands of preventable illnesses or disabilities each year; they have been proven amenable to intervention and public action; and they can be best addressed through coordinated action by city agencies, public-private partnerships, health care providers, businesses, and individuals.

The 10 priority areas are as follows: (1) have a regular doctor or other health care provider; (2) be tobacco free; (3) keep your heart healthy; (4) know your HIV (human immunodeficiency virus) status; (5) get help for depression; (6) live free of dependence on alcohol and drugs; (7) get checked for cancer; (8) get the immunizations you need; (9) make your home safe and healthy; and (10) have a healthy baby.

For each of these 10 areas, we identified examples of activities that could be undertaken and policy changes at the local, state, and federal levels that could help prevent or reduce disease burden. We also set specific and measurable objectives for health to be reached by 2008.

*Take Care New York* activities include both primary prevention and prevention in the clinical setting. Having a regular doctor reduces disease burden and prolongs life. Quitting smoking, or not starting in the first place, provides the greatest potential impact on health. Influenza and pneumococcal pneumonia are largely vaccine preventable. Colon and cervical cancers can be prevented through colonoscopy and Papanicolaou smears, and breast cancer survival improves with early detection.

Many other diseases that present large burdens are amenable to treatment—if properly diagnosed and effectively treated. People who abuse drugs and alcohol respond to brief physician interventions, and depression can be effectively treated in most people with counseling and/or medication. There are effective interventions for domestic violence, a leading cause of injury and hospitalization among women.

Partnerships are increasingly important. Many *Take Care New York* activities focus on clinical care as an opportunity for prevention. Sufficient diagnostic and treatment capacity already exists, and key interventions are relatively simple, inexpensive,

---

Dr. Frieden is Commissioner, New York City Department of Health and Mental Hygiene. (E-mail: tfrieden@health.nyc.gov)

and effective. Although the medical system is ultimately responsible for patient care, the public health sector can provide critical support, especially given evidence that primary care physicians simply do not have the time to perform all recommended preventive health and counseling services.<sup>2</sup>

Businesses are also important partners because most people obtain health insurance through employer-sponsored plans; they can also play a significant role with health-friendly corporate policies and worksite wellness programs. Community-based organizations, because they are often closest to the populations they serve, are key partners that can provide a highly accessible entry point for health information and services.

Government, businesses, and communities all have responsibilities to provide an environment conducive to good health and must educate people and give them tools to motivate them to take control of their own health. But, although individuals should not be expected to bear this load alone, no health intervention can work if people do not take significant personal responsibility for their own health and that of their families.

What is accurately measured can be managed. New York City has an advantage in that we know more than ever about the health of our residents. Our Community Health Survey, a telephone survey of 10,000 New Yorkers first done in 2002 and repeated in 2003, provides data on health at the neighborhood level. (Community Health Profiles for New York City's 42 neighborhoods are available online at [nyc.gov/html/doh/html/data/data.html](http://nyc.gov/html/doh/html/data/data.html); technical notes on the survey are at [nyc.gov/html/doh/html/survey/survey02.html](http://nyc.gov/html/doh/html/survey/survey02.html).) Our New York City HANES (Health and Nutritional Examination Survey) project, the first large-scale community implementation of the NHANES (National HANES)-style physical examination and in-person health interview, is currently in progress.<sup>3</sup> (See also [www.cdc.gov/nchs/nhanes.htm](http://www.cdc.gov/nchs/nhanes.htm); information on New York City HANES is available at [nyc.gov/html/doh/html/hanes/hanes.html](http://nyc.gov/html/doh/html/hanes/hanes.html).) We also conduct ongoing surveillance and information gathering, including syndromic surveillance that covers more than 60,000 events each day.

There are, of course, broader social and economic forces that affect health; addressing these effectively would have an enormous impact. For example, poverty is an underlying cause of many health disparities; economic progress in the poorest communities would greatly improve health. National policy is also crucial; lack of access to quality health care is an urgent national issue. Smoking-related sickness and death would decrease sharply with stronger national tobacco control actions. The epidemic of obesity could be addressed in part through policies on food and community planning that promote health. Advocacy for these types of broader societal changes, if effective, would also have major health benefits. But we can still make progress in specific areas and cannot allow ourselves to be paralyzed into inaction because of lack of progress on other fronts.

Today, 15% of US gross domestic product (more than \$1.5 trillion annually) is spent on health care.<sup>4</sup> In New York City, per capita health care expenditures are even higher.<sup>5</sup> Even so, many patients do not receive optimal care; a recent study showed that people in the United States receive only about half of recommended medical care.<sup>6</sup> We simply must get more value for our health care dollar.

Take Care New York is not the answer to every health problem. It is, rather, an initial attempt to develop and execute a health policy designed to focus efforts, implement evidence-based programs, and monitor the impact of measures that will have the greatest health benefits.

These are important and winnable battles: important because they affect every New Yorker; winnable because we know which actions work to prevent illness and death and because these actions are within our reach. The greater the involvement of partners, the more likely and rapid progress will be.

## REFERENCES

1. Take Care New York: a policy for a healthier New York City. Available at: [nyc.gov/html/doh/pdf/tcny/tcny-policy.pdf](http://nyc.gov/html/doh/pdf/tcny/tcny-policy.pdf). Accessed on June 8, 2004.
2. Yarnall KSH, Pollak KI, Østbye T, et al. Primary care: is there enough time for prevention? *Am J Public Health*. 2003;93:635–641.
3. Ezzati TM, Massey JT, Waksberg J, et al. Sample design: Third National Health and Nutrition Examination Survey. National Center for Health Statistics. *Vital Health Stat*. 1992;2:1–35.
4. Levit K, Smith C, Cowan C, et al. Health spending rebound continues in 2002. *Health Aff (Millwood)*. 2004;23:147–159.
5. Ginzberg E. *Health Marketplace: New York City, 1990–2010*. New Brunswick, NJ: Transaction Publishers; 2000.
6. McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. *N Engl J Med*. 2003;348:2635–2645.